

 Nevada Center for Ethics & Health Policy
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SEE INSIDE

**EMERGENCY
MEDICAL NOTICE:
Advance Directive on file**

**EMERGENCY MEDICAL NOTICE:
Advance Directive on file**

I (*name*) _____
have executed a DURABLE POWER OF ATTORNEY FOR HEALTH CARE pursuant to Nevada Civil Code NRS 449.830-449.860. If I am unable to make my own health care decisions, my designated agent has the legal authority to make those decisions on my behalf, including decisions concerning life-sustaining treatment. In such an event, one of the persons listed on the reverse of this card who has a copy of my Durable Power of Attorney should be contacted immediately in the order listed.

SEE INSIDE

**EMERGENCY MEDICAL NOTICE:
Advance Directive on file**

Please check with these agents
for a copy of my Advance Directive:

1. PRIMARY AGENT NAME _____

Work (____) _____ Home (____) _____

Cell (____) _____ Other (____) _____

2. 1st ALTERNATE AGENT NAME _____

Work (____) _____ Home (____) _____

Cell (____) _____ Other (____) _____

2. 2nd ALTERNATE AGENT NAME _____

Work (____) _____ Home (____) _____

Cell (____) _____ Other (____) _____